

8-6-09

PTO/SB/21 (08-08)

Approved for use through 9/30/2008. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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3744

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

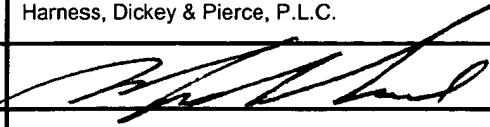
Application Number	10/581,088
Filing Date	05/31/2006
First Named Inventor	Hiroshi Oshitani, et al.
Art Unit	3744
Examiner Name	Daniel C. Comings
Attorney Docket Number	4041J-001125/NP



ENCLOSURES (check all that apply)

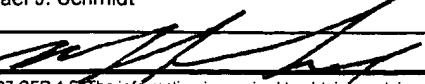
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Copy of Original Claims 1-21 and Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Harness, Dickey & Pierce, P.L.C.		
Signature			
Printed name	Michael J. Schmidt		
Date	August 5, 2009	Reg. No.	34,007

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Michael J. Schmidt	Express Mail Label No.	EM 184 991 115 US (8/5/2009)
Signature		Date	August 5, 2009

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2009

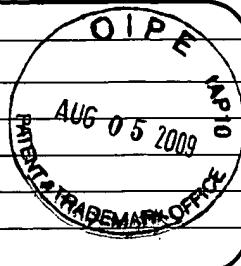
Effective 2/8/2006. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 130

Complete if Known

Application Number	10/581,088
Filing Date	05/31/2006
First Named Inventor	Hiroshi Oshitan, et al.
Examiner Name	Daniel C. Comings
Art Unit	3744
Attorney Docket No.	4041J-001125/NP



METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:

Deposit Account Number 08-0750

Deposit Account Name Harness, Dickey & Pierce, P.L.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1011	2011	330	165
1012	2012	220	110
1013	2013	220	110
1014	2014	330	165
1005	2005	220	110
SUBTOTAL (1)		(\$ 0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		0		0
		0		0
				0

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple dependent claim, if not paid
1204	220	2204	110	** Reissue independent claims over original patent
1205	52	2205	26	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 0)		

*or number previously paid, if greater; For Reissues, see above

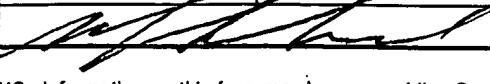
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	130	2251	65
1252	490	2252	245
1253	1,110	2253	555
1254	1,730	2254	865
1255	2,350	2255	1,175
1401	540	2401	270
1402	540	2402	270
1403	1,080	2403	540
1452	540	2452	270
1453	1,620	2453	810
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	810	2809	405
1810	810	2810	405
1801	810	2801	405
Other fee (specify) _____		SUBTOTAL (3) (\$ 130)	
*Reduced by Basic Filing Fee Paid			
4. SEARCH/EXAMINATION FEES		SUBTOTAL (4) (\$ 0)	
1111	540	2111	270
1112	100	2112	50
1113	330	2113	165
1114	540	2114	270
1311	220	2311	110
1312	140	2312	70
1313	170	2313	85
1314	650	2314	325

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Michael J. Schmidt	Registration No. (Attorney/Agent)	34,007	Telephone	(248) 641-1600	
Signature					Date	August 5, 2009

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